

STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1. PLACE OF DEATH: County Maricopa State, ARIZONA Registered No. _____
Township _____ or Village _____
City _____ No. _____ St. _____ Ward. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ days. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ days.

2. FULL NAME SAMUEL V. LORING

Residence: No. _____ (Usual place of abode) St. _____ Ward. _____
(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex M 4. Color or Race _____ 5. Single, Married, Widowed, or Divorced (write the word) _____
6. If married, widowed, or divorced Husband of (or) Wife of _____
6. Date of Birth (month, day, and year) _____
7. Age Years 79 Months _____ Days _____ If Less than 1 day, _____ hrs. or _____ mins.
8. Trade, profession, or particular kind of work done as spinner, sawyer, bookkeeper, etc. _____
9. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. Birthplace (city or town and State or country): _____

13. Name: _____
14. Birthplace (city or town and State or country): _____
15. Maiden Name: _____
16. Birthplace (city or town and State or country): _____

17. Informant (name and address): _____

18. Burial, Cremation, or removal: _____

Place _____ Date _____ 193

19. Undertaker (name and address): _____

20. Filed _____, 193

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. Date of Death (month, day, and year) Feb. 28, 1888 193

22. I HEREBY CERTIFY, That I attended deceased from _____, 193, to _____, 193

I last saw h. _____ alive on _____, 193; death is said to have occurred on the date stated above, at _____ m.
The principal cause of death and related causes of importance were as follows:

_____ Date of onset _____
Other contributory causes of importance: _____
Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____ 193
Where did injury occur? _____ (Specify city or town, and State)
Specify whether injury occurred in industry, in home, or in public place: _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) _____

(Address) _____